

List any special needs that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that the staff should be aware of.

GENERAL INFORMATION

Sleep and Nap habits _____

Eating habits or difficulties _____

Is Child Toilet Trained? Yes _____ No _____

Are there any special needs regarding toilet training? _____

Fears? _____

Behavior habits (biting nails, tantrums, biting, etc)? _____

Favorite toys or activities _____

Names and ages of Siblings _____

Previous experience in a group setting _____

How did you hear about MDO? _____

Note anything you feel would be helpful to us in caring for and teaching your child.

I have read and understand the policies of Village Parkway Mother's Day Out, and agree to abide by them. I am aware that the teachings of this program are based on the Village Parkway Doctrinal Statement of Faith.

I have read and understand the Discipline and Guidance policies for MDO.

I agree that I will be providing my child's lunch and snack from home. I agree that MDO is not responsible for it's nutritional value or for meeting my child's daily food needs.

I do _____ / do not _____ give permission for my child to have shared foods and or snacks on special occasions as per policies.

Signature of Parent or Guardian

Date

VILLAGE PARKWAY MOTHER'S DAY OUT

PICK-UP AUTHORIZATION LIST

CHILD'S NAME: _____

PARENTS NAME: _____

Please list the persons (other than parents/guardians) who will be authorized to pick up your child from Mother's Day Out. They will not be given to anyone who is not on the list unless special arrangements are made with the Director.

1. _____

Relationship: _____ Phone # _____

2. _____

Relationship: _____ Phone # _____

3. _____

Relationship: _____ Phone # _____

4. _____

Relationship: _____ Phone # _____

5. _____

Relationship: _____ Phone # _____